

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8 Film 6209 1-4-57 et

12441

Reg. Dist. No.

145

12485

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be referred to by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md.</i>		b. COUNTY <i>Frederick</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL, and give nearest town) <i>Rural Myersville</i>		c. LENGTH OF STAY IN 1b <i>00</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Myersville</i>		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>00</i>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>Henry</i>	Middle <i>B.</i>	Last <i>Baker</i>	4. DATE OF DEATH	Month <i>12</i>	Day <i>23</i>	Year <i>1956</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1904</i>	9. AGE (In years lost birthday) <i>52 yrs.</i>	IF UNDER 1 YEAR Months <i>0</i>	IF UNDER 24 HRS. Days <i>0</i>	Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>general laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>bakery</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>James E. Baker</i>		14. MOTHER'S MAIDEN NAME <i>Etta Summers</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>213-14-0396</i>		17. INFORMANT <i>Mrs. Jean Baker, Myersville Md.</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>420.1</i>		DUE TO <i>Coronary Occlusion</i>				INTERVAL BETWEEN ONSET AND DEATH <i>14 hrs</i>	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.	Month <i>Dec</i>	Day <i>22</i>	Year <i>1956</i>	20d. INJURY OCCURRED White Not white of work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Middleton</i>	20f. (City or town) <i>Middleton</i>	(County) <i>Middleton</i>
21. I certify that I attended the deceased from <i>Dec 22, 1956</i> , to <i>Dec 23, 1956</i> , that I last saw the deceased alive on <i>Dec 22, 1956</i> , and that death occurred at <i>Middleton</i> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>Middleton</i> DATE SIGNED <i>J. Elmer Harp</i>							
ACTUAL SIGNATURE <i>J. Elmer Harp</i>		PHYSICIAN'S NAME (Type) <i>M.D.</i>					
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>12/26/56</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Ch. B. Cemetery</i>	22d. LOCATION (City, town, or county) <i>Hanover (Freder. Co.)</i>		(State) <i>Md.</i>		
23. FUNERAL DIRECTOR'S SIGNATURE <i>Gladhill Co.</i>		ADDRESS <i>Middleton, Md.</i>	24a. REC'D BY REGISTRAR <i>12-26-1956</i>		24b. REGISTRAR'S SIGNATURE <i>Floyd M. Bittle</i>		

RECEIVED - STATE OF HAWAII - GOVERNOR'S
CERTIFICATE OF DEATH

BUREAU V. A

DEC 28 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12486 CERTIFICATE OF DEATH

12442
138

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#6		c. LENGTH OF STAY IN 1b 3 Months		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#6		d. STREET ADDRESS Bartonsville Road		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Bartonsville Road				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) LINDA		First LINDA	Middle ANN	Last BARTLETT	4. DATE OF DEATH December 31, 1956	Month December	Day 31	Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 24 Sept 1956		9. AGE (In years lost birthday) yrs. 3	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 7	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James C. Bartlett		14. MOTHER'S MAIDEN NAME Florence Trout						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT James C. Bartlett (Same as item #1)		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchitis 491X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 5 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED White at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) M.D. 30 W. All Saints St., Fred'k, Md.		20f. (City or town) (County) Frederick, Maryland		(State) MD
21. I certify that I attended the deceased from 12-28 , 19 56 , to 12-31 , 19 56 , that I last saw the deceased alive on 12-31 , 19 56 , and that death occurred at 11:30PM , from the causes and on the date stated above. ACTUAL SIGNATURE U. G. Bourne, Jr., M. D. PHYSICIAN'S NAME (Type) U. G. Bourne, Jr., M. D. ADDRESS M.D. 30 W. All Saints St., Fred'k, Md. DATE SIGNED 1/2/57								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2 Jan 1957		22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, Maryland (State) MD		
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison and Son, Frederick, Maryland		ADDRESS 2069254XV6		24a. REC'D BY REGISTRAR Jan 2 - 57		24b. REGISTRAR'S SIGNATURE Lucas K. Falcoson		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relied on by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WISCONSIN STATE DEPARTMENT OF HENRY - GALLIVAN

CERTIFICATE OF DESIGN

BUREAU V. S.

JAN 7 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12443

131

12458 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#1			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		d. STREET ADDRESS Daysville Road		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First JAMES	Middle CALVIN	Last BEARD	4. DATE OF DEATH December 23, 1956	Month Day Year	
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH 7 Nov 1879	9. AGE (In years lost birthday) 77 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John D. Beard		14. MOTHER'S MAIDEN NAME Barbara Spurrier		Address			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. Unk		17. INFORMANT Mrs. Myrtle Crum Beard (Same as item #2)			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage 33IX DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 17 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Duodenal ulcer (bleeding)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. p.m. 19 p.m.		20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Dec. 17, 1956 to Dec. 23, 1956 , that I last saw the deceased alive on Dec. 23, 1956 , and that death occurred at 1:50 P.M. from the causes and on the date stated above.				ADDRESS (Street, city or town, state)		DATE SIGNED 12/26/56	
ACTUAL SIGNATURE Bernard O. Thomas Jr.							
PHYSICIAN'S NAME (Type) Bernard O. Thomas, Jr., M.D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 26 Dec 1956		22c. NAME OF CEMETERY OR CREMATORIUM Chapel Cemetery		22d. LOCATION (City, town, or county) Nr. Libertytown, Maryland (State)	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS		24a. REC'D BY REGISTRAR DATE 27 Dec 1956		24b. REGISTRAR'S SIGNATURE Elizabeth B. Heis	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be referred to by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WILSON-STATE DEPARTMENT OF HIGHWAYS

BUREAU V. S.

EC 28 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12444

12459 CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Frederick</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick R #1</i>		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Frederick Memorial Hospital</i>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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3. NAME OF DECEASED (Type or print) <i>Donald</i>	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
<i>Male</i>	<i>White</i>	<input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	<input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	<i>December 10, 1956</i>	<input type="checkbox"/> IF UNDER 1 YEAR	<input type="checkbox"/> IF UNDER 24 HRS.	
					Months	Days	Hours Min.

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>December 10, 1956</i>	9. AGE (In years lost birthday) yrs. <i>15</i>	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.	
		<input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		Months <i>5</i>	Days <i>30</i>	Hours <i>00</i> Min. <i>00</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	

13. FATHER'S NAME <i>Bernard Edward Burkett Jr.</i>	14. MOTHER'S MAIDEN NAME <i>Gladys Isabel Morgan</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Mr. Bernard E. Burkett, Frederick R.D.#1, Md.</i>	Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH <i>15 hr. 30 min.</i>
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>776X</i>	DUE TO <i>Cremativity</i>
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b)	DUE TO
	(c)

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m. <i>19</i>	Month, Day, Year <i>Dec. 10</i>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) <i>Frederick</i>	(County) <i>Maryland</i>	(State) <i>Md.</i>

21. I certify that I attended the deceased from <i>Dec. 10</i> , 1956, to <i>Dec. 11</i> , 1956, that I last saw the deceased alive on <i>Dec. 10</i> , 1956, and that death occurred at <i>5:30 A.M.</i> from the causes and on the date stated above.						
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ACTUAL SIGNATURE <i>Robert S. Turner Jr.</i>	M.D.	ADDRESS (Street, city or town, state) <i>7 E CHURCH ST.</i>	DATE SIGNED <i>12-12-56</i>
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PHYSICIAN'S NAME (Type) <i>Dr. Robert S. Turner Jr.</i>	Frederick, Maryland
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22d. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>Dec. 12, 1956</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Mount Olivet Cemetery</i>	22d. LOCATION (City, town, or county) <i>Frederick, Maryland</i>
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23. FUNERAL DIRECTOR'S SIGNATURE <i>M. R. Etchison & Son, Frederick, Maryland</i>	ADDRESS	24a. REC'D BY REGISTRAR <i>Elizabeth G. Heck</i>	24b. REGISTRAR'S SIGNATURE
		DATE <i>12 Dec 1956</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12460 CERTIFICATE OF DEATH

Reg. Dist. No.

12445
131

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Frederick</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>FREDERICK</i>		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		d. STREET ADDRESS <i>Rt #1</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Frederick Memorial Hospital</i>				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>Ronald</i>	Middle <i>Wayne</i>	Last <i>Burkett</i>	4. DATE OF DEATH	Month <i>December</i>	Day <i>12</i>	Year <i>1956</i>

S. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH <i>December 10, 1956</i>	9. AGE (In years lost birthday) yrs. <i>45</i>	IF UNDER 1 YEAR Months <i>45</i>	IF UNDER 24 HRS. Days <i>Min.</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13. FATHER'S NAME <i>Bernard Edward Burkett Jr.</i>	14. MOTHER'S MAIDEN NAME <i>Gladys Isabel Morgan</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Mr. Bernard E. Burkett, Frederick R.D.#1, Md.</i>	Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>776X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)	Grematurity 43 days.	INTERVAL BETWEEN ONSET AND DEATH
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>19</i>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)

21. I certify that I attended the deceased from <i>12-10</i> , 19 <i>56</i> , to <i>12-12</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>12-11</i> , 19 <i>56</i> , and that death occurred at <i>7:00 PM</i> , from the causes and on the date stated above.
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ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL SIGNATURE <i>Robert S. Turner Jr.</i>	M.D.	216 E. CHURCH ST.	<i>12-12-56</i>
PHYSICIAN'S NAME (Type) <i>Rev. Robert F. Turner Jr.</i>	Frederick, Maryland		

22a. BURIAL, CREMATION, REMOVAL (specify) <i>Burial</i>	22b. DATE THEREOF <i>Dec. 12, 1956</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Mount Olivet Cemetery</i>	22d. LOCATION (City, town, or county) (State) <i>Frederick, Maryland</i>
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23. FUNERAL DIRECTOR'S SIGNATURE <i>M. R. Etchison & Son, Frederick, Maryland</i>	ADDRESS	24a. REC'D BY REGISTRAR DATE <i>12 Dec 1956</i>	24b. REGISTRAR'S SIGNATURE <i>Elizabeth G. Heck</i>
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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the death. It may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU Y.

DEC 17 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12461 CERTIFICATE OF DEATH

12446

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 3 should be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-trust permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Frederick			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL Frederick			c. LENGTH OF STAY IN 1b 6		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Dead on Arrival Frederick Hospital			e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural (New addition) Brunswick		
3. NAME OF DECEASED (Type or print) John Thomas Carey			First John	Middle Thomas	Last Carey
4. DATE OF DEATH 12 8 1896			Month 12	Day 8	Year 1896
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH 4-22-1898	9. AGE (In years last birthday) 58 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector			10b. KIND OF BUSINESS OR INDUSTRY B.&O.R.R.Co	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John T. Carey Sr.			14. MOTHER'S MAIDEN NAME Mary Gosnell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Eva Carey, Knoxville, Maryland	Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 2 mo		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Baltimore	20f. (City or town) Brownsville	(County) (State) Maryland
21. I certify that I attended the deceased from 12-8-1896 to 12-8-1896 that I last saw the deceased alive on 12-8-1896 , and that death occurred at Brownsville , M., from the causes and on the date stated above.					
ADDRESS (Street, city or town, State) Baltimore, Md					
DATE SIGNED 12-8-1896					
ACTUAL SIGNATURE 					
PHYSICIAN'S NAME (Type) B. Lee Field					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12-11-56	22c. NAME OF CEMETERY OR CREMATORIAL Brethren	22d. LOCATION (City, town, or county) Brownsville	(State) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE 			ADDRESS Brunswick, Maryland		
VS A15 (4) 15M 9/55			24a. REC'D BY REGISTRAR DATE DEC 13 1956		
			24b. REGISTRAR'S SIGNATURE 		

MARYLAND STATE OF MARYLAND DEPARTMENT OF HUMAN RESOURCES
DEATH CERTIFICATE

BUREAU V. S

DEC 13 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12447

12462

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Frederick</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		c. LENGTH OF STAY IN 1b <i>Several Years</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		d. STREET ADDRESS <i>1632 Military Road</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Frederick Memorial Hospital</i>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>HAROLD</i>	Middle	Last	4. DATE OF DEATH	Month <i>December</i>	Day <i>20</i>	Year <i>1956</i>
S. SEX <i>MALE</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH <i>Dec. 20, 1956</i>	8. AGE (In years last birthday) yrs. <i>15</i>	IF UNDER 1 YEAR Months <i>0</i>	IF UNDER 24 HRS. Days <i>0</i>	Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Harold</i>		14. MOTHER'S MAIDEN NAME <i>chase, II.</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Harold Chase, II. (Same as item #2)</i>		Address <i>3 Shockley</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>776 X</i>		DUE TO <i>In prematurity</i>		INTERVAL BETWEEN ONSET AND DEATH <i>15 min.</i>			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c)		DUE TO					
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m. 19		Month a. m. p. m.	Day	Year <i>1956</i>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>Dec. 20, 1956</i> , to <i>Dec. 20, 1956</i> , that I last saw the deceased alive on <i>Dec. 20, 1956</i> , and that death occurred at <i>12:00 P.M.</i> from the causes and on the date stated above.							
ACTUAL SIGNATURE <i>Robert S. Turner, Jr.</i>		ADDRESS (Street, city or town, state) <i>1352 7 E. Church St., Frederick, Md.</i>					
DATE SIGNED <i>12-20-12</i>							
PHYSICIAN'S NAME (Type) <i>Robert S. Turner, Jr., M. D.</i>		7 E. Church St., Frederick, Md.					
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>21 Dec 1956</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Mount Olivet Cemetery</i>		22d. LOCATION (City, town, or county) (State) <i>Frederick, Maryland</i>		
23. FUNERAL DIRECTOR'S SIGNATURE <i>M. R. Etchison and Son, Frederick, Maryland</i>		ADDRESS <i>2069 203 XVO</i>		24a. REC'D BY REGISTRAR DATE <i>21 Dec 1956</i>		24b. REGISTRAR'S SIGNATURE <i>Elizabeth G. Herk</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

RECEIVED
DEPT. OF JUSTICE
FEB 26 1956RECEIVED
FEB 26 1956

12448

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 131

12453

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		d. STREET ADDRESS 157 West Patrick Street		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Fort Detrick						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First HOWARD	Middle SYLVESTER	Last COLLIFLOWER, SR.	4. DATE OF DEATH December 3, 1956	Month December	Day 3	Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 13 April 1893	9. AGE (In years last birthday) 63 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0	13. IF UNDER 24 HRS. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY U. S. Army Camp		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Howard Franklin Colliflower		14. MOTHER'S MAIDEN NAME Emma Jane Miller						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-5860		17. INFORMANT Mrs. Nellie J. Colliflower (Same as Item #2)		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 Hour						
420.1 Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b)								
DUE TO (b)								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>						
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. p. m. 19		Month, Day, Year 19	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Frederick	(County) Maryland	(State) Maryland	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .								
ACTUAL SIGNATURE <i>B. O. Thomas</i>		DATE SIGNED 5 Dec 1956						
EXAMINER'S NAME (Type) B. O. Thomas, M. D.		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 6 Dec 1956	22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>M. R. Etchison & Son, Frederick, Maryland</i>		ADDRESS		24a. REC'D BY REGISTRAR Elizabeth G. Heck		24b. REGISTRAR'S SIGNATURE		
				DATE 6 Dec 1956				

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please call the certifying physician, writing the word "pending," in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

BUREAU V. S.

DEC 10 1950

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12449

12464

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 227 East Church Street				d. STREET ADDRESS 227 East Church Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First RUDOLPH	Middle WILLIAM	Last CROUSE	4. DATE OF DEATH	Month December	Day 19,	Year 19 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 14, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 84	IF UNDER 24 HRS. Days 0	Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Notions Store		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Francis Crouse				14. MOTHER'S MAIDEN NAME Mary Elizabeth Niedhardt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-1387		17. INFORMANT Mrs. Robert H. Hartman		632 <i>Address</i> Trail Avenue, Frederick, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC MYOCARDITIS 422-2 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)							
INTERVAL BETWEEN ONSET AND DEATH							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. n. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Dec. 19, 1956 , to Dec. 19, 1956 , that I last saw the deceased alive on Dec. 19, 1956 , and that death occurred at 2:40 P.M. , from the causes and on the date stated above. ACTUAL SIGNATURE <i>H. J. Slusher</i> ADDRESS (Street, city or town, state) East Church St., Frederick, Md. DATE SIGNED 12/20/1956							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Dec. 22, 1956		22c. NAME OF CEMETERY OR CREMATORIUM St. John's Cemetery		22d. LOCATION (City, town, or county) Frederick, Maryland (State)	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				ADDRESS 24a. REC'D BY REGISTRAR DATE 21 Dec 1956 24b. REGISTRAR'S SIGNATURE <i>Elizabeth G. Heis</i>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in it should be filed with
 page 3 should be detached for use as the burial-transit Permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

09-282018-07.ARP TO TURKISH STATE CHAMBER

REC'D 26 1956

DEC 26 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12455

CERTIFICATE OF DEATH

12455b1

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 12 Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 561 East Church Street				d. STREET ADDRESS 561 East Church Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First FLORENCE	Middle ARMENTA	Last ESWORTHY	4. DATE OF DEATH Month December	Day 10,	Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH October 5, 1874	9. AGE (In years last birthday) 82 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public Schools		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY/ USA	
13. FATHER'S NAME John H. Harbaugh		14. MOTHER'S MAIDEN NAME Martha Brown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. C. Oliver Esworth, 561 East Church Street, Frederick, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis 422.2		DUE TO { Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. b DUE TO c				INTERVAL BETWEEN ONSET AND DEATH 6 Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Day	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) 1015P	(County)	(State)
21. I certify that I attended the deceased from June 1, 1950 , to December 10, 1956 , that I last saw the deceased alive on December 10, 1956 , and that death occurred at 1015P M, from the causes and on the date stated above.				ADDRESS (Street, city or town, state) East Church St., Frederick, Md.		DATE SIGNED 12/11/1956	
ACTUAL SIGNATURE 		M.D.					
PHYSICIAN'S NAME (Type) Dr. H. J. Slusher		Same as above					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Dec. 13, 1956	22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick		(State) Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS		24a. REC'D BY REGISTRAR DATE 12 Dec. 1956		24b. REGISTRAR'S SIGNATURE 	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
1SM 9/55

CERTIFICATE OF DEATH

Deceased's Name	Date of Birth	Age	Sex
John Doe	1910	46	Male
Residence	Occupation	Employer	Relationship to Deceased
123 Main Street	Deliveryman	Superior Lines	Brother
Address	Date of Death	Time of Death	Place of Death
123 Main Street	Dec 13, 1956	10:30 P.M.	Hospital
Cause of Death			
Heart Disease			
Signature of Physician			
John Doe, M.D.			
Signature of Coroner			
John Doe, Coroner			
Signature of Clerk			
John Doe, Clerk			

BUREAU V. S.

DEC 13 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12487

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

124511

Reg. Dist. No.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial; cremation, or removal.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Frederick						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Knoxville	c. LENGTH OF STAY IN lb Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Knoxville						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS						
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print)	First Joseph	Middle Henry	Last Feaster					
4. DATE OF DEATH	Month 12	Day 3	Year 1956					
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH					
Male	White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	10-10-1887					
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months 69 yrs.	11. IF UNDER 24 HRS. Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY B&O.R.R.Co	11. BIRTHPLACE (State or foreign country) Maryland					
12. CITIZEN OF WHAT COUNTRY? U.S.A.								
13. FATHER'S NAME Henry P. Feaster		14. MOTHER'S MAIDEN NAME Jennie E. Phillips						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 17. INFORMANT						
		Address Mrs. Rebecca Feaster, Knoxville, Maryland						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Four hours</u>								
420.1 DUE TO <u> </u>								
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u> </u>								
DUE TO <u> </u>								
(c) <u> </u>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)	(County)	(State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .								
ACTUAL SIGNATURE <u>B.O. Thomas</u>	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>				DATE SIGNED 12/31/1950			
EXAMINER'S NAME (Type) B.O. Thomas								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 12-6-1956		22c. NAME OF CEMETERY OR CREMATORIAL Reformed		22d. LOCATION (City, town, or county) Knoxville, Maryland			
23. FUNERAL DIRECTOR'S SIGNATURE <u>B. Lee Felt</u>		ADDRESS Brunswick, Maryland		24a. REC'D BY REGISTRAR DATE DEC 10 1956		24b. REGISTRAR'S SIGNATURE Eugenie Burke		

RECEIVED
BUREAU V. S.

DEC 10 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12456

CERTIFICATE OF DEATH

Reg. Dist. No.

12452

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 1 Day		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First GENEVIEVE	Middle IRENE	Last FERRELL	4. DATE OF DEATH	Month December	Day 8,	Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH 16 Oct 1899	9. AGE (In years lost birthday) 57 yrs.	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 7	Hours 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. Unk		17. INFORMANT Charles F. Ferrell, Jefferson, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>443X</i> Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.				INTERVAL BETWEEN ONSET AND DEATH 24 Hours			
DUE TO (b) DUE TO (c)				CEREBRAL HEMORRHAGE			
				HYPERTENSIVE CARDIOVASCULAR DISEASE			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Day	20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) 4 E. Church St.	(County)	(State)
21. I certify that I attended the deceased from December 8, 1956 , to December 8, 1956 , that I last saw the deceased alive on December 8, 1956 , and that death occurred at 11:40P M , from the causes and on the date stated above. ADDRESS (Street, city or town, state) 4 E. Church St. DATE SIGNED 8 Dec 1956							
ACTUAL SIGNATURE <i>Henry V. Chase</i>		M.D.					
PHYSICIAN'S NAME (Type) Henry V. Chase, M. D.		Frederick, Maryland					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12 Dec 1956		22c. NAME OF CEMETERY OR CREMATORIUM Reformed Cemetery		22d. LOCATION (City, town, or county) Jefferson, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				ADDRESS		24a. REC'D BY REGISTRAR DATE 12 Dec 1956	
						24b. REGISTRAR'S SIGNATURE <i>Elizabeth G. Heek</i>	

BUREAU U. S.

DEC 13 1956

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12453
12453
13

Item 7 Film G208 12-20-56 et

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE Maryland		b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rocky Ridge		c. LENGTH OF STAY IN lb 70 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rocky Ridge		d. STREET ADDRESS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First GEORGE	Middle WASHINGTON	Last FOX	4. DATE OF DEATH	Month Dec.	Day 11	Year 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 18, 1861		9. AGE (In years last birthday) yrs. 95	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY West. Md. RR		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME John Fox				14. MOTHER'S MAIDEN NAME Elizabeth J. Biggs					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Lester W. Fox		Address Rocky Ridge, Md			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) arterosclerotic cardiovascular disease						INTERVAL BETWEEN ONSET AND DEATH 15 years			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. 422.1 DUE TO (b) DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour a. m. p. m. 19		Month 19	Day	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Deale	(County) Prince George's Co.	(State) Md.	
21. I certify that I attended the deceased from Dec. 1, 1956 , to Dec. 11, 1956 , that I last saw the deceased alive on Dec. 9, 1956 , and that death occurred at 540 M, from the causes and on the date stated above.						ADDRESS (Street, city or town, state) Emmitsburg, Md			
ACTUAL SIGNATURE W.C. Cade						DATE SIGNED 12-11-56			
PHYSICIAN'S NAME (Type) W.R. Ladd									
22a. BURIAL, CREMATION: REMOVAL (Specify) Burial		22b. DATE THEREOF 12-14-56		22c. NAME OF CEMETERY OR CREMATORIUM Church of Brethren		22d. LOCATION (City, town, or county) Rocky Ridge, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE Raymond B. Brager		ADDRESS Thurmont, Md		24a. REC'D BY REGISTRAR DATE 13 Dec. 1956		24b. REGISTRAR'S SIGNATURE Elizabeth G. Heis			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be relayed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 24 hours after death.

CERTIFICATE OF DEATH

22-15

NAME

MATERIAL

TESTIMONY

EXAMINATION

BUREAU Y.

DEC 17 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12454

12489

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Thurmont		c. LENGTH OF STAY IN 1b 50 yrs	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Thurmont	
d. STREET ADDRESS		d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Lee Roy Freshman		First Lee	Middle Roy
4. DATE OF DEATH	Month December	Day 26	Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH October 25, 1883
9. AGE (In years lost birthday) 73 yrs.		10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heat Treater Fore. Landis Mch. Co.		10b. KIND OF BUSINESS OR INDUSTRY Maryland	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Freshman		14. MOTHER'S MAIDEN NAME Catherine Wilhide	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 216-05-1048	
17. INFORMANT		Address Mr. Burnell R. Freshman Thurmont, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General Deplacina		INTERVAL BETWEEN ONSET AND DEATH 11 days	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Gangrene of legs		DUE TO 4 wks	
DUE TO (c) Ischemic arter. of vasa-legs		DUE TO 6 mos	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Multiple sclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 0	
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0
20f. (City or town) Thurmont		(County) Carroll Co.	
(State) Maryland			
21. I certify that I attended the deceased from Nov. 15 , 1956, to Dec. 26 , 1956, that I last saw the deceased alive on Dec. 16 , 1956, and that death occurred at 6:45 PM , from the causes and on the date stated above.			
ACTUAL SIGNATURE James K. Gray		ADDRESS (Street, city or town, state) Thurmont	
PHYSICIAN'S NAME (Type) James K. Gray		DATE SIGNED	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12-29-56	22c. NAME OF CEMETERY OR CREMATORIUM Pipe Creek Cemetery
22d. LOCATION (City, town, or county) Carroll Co.		(State) Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Raymond S. Gray		ADDRESS Thurmont, Md.	24a. REC'D BY REGISTRAR Elizabeth Heck, E.J.
			24b. REGISTRAR'S SIGNATURE Elizabeth Heck, E.J.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

Supervisory

DEC 31 1968

DECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12457

CERTIFICATE OF DEATH

1245531
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <i>Maryland</i>		b. COUNTY <i>Frederick</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Thurmont</i>		d. STREET ADDRESS <i>Route #1</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Frederick, Memorial Hosp.</i>				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>Ronald</i>	Middle <i>Fritz Jr.</i>	Last <i>Cleveland</i>	4. DATE OF DEATH	Month <i>December</i>	Day <i>28</i>	Year <i>1956</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH <i>December 28</i>	8. AGE (In years lost birthday) yrs. <i>14</i>	IF UNDER 1 YEAR Months <i>14</i>	IF UNDER 24 HRS. Days <i>10</i>	Hours Min. <i>14 10</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>United States</i>	
13. FATHER'S NAME <i>Ronald Cleveland Fritz</i>		14. MOTHER'S MAIDEN NAME <i>Patricia Ann Misner</i>		Address <i>Thurmont, Route 1</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>776X</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>mother</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Prematurity</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				21. I certify that I attended the deceased from <u>28 Dec</u> , 1956, to <u>28 Dec</u> , 1956, that I last saw the deceased alive on <u>28 Dec</u> , 1956, and that death occurred at <u>8:30</u> P.M., from the causes and on the date stated above. ACTUAL SIGNATURE <u>A. M. Powell Jr.</u> M.D. <u>Frederick Md</u> DATE SIGNED <u>28 Dec 56</u>	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> At work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>28 Dec</u> , 1956, to <u>28 Dec</u> , 1956, that I last saw the deceased alive on <u>28 Dec</u> , 1956, and that death occurred at <u>8:30</u> P.M., from the causes and on the date stated above. ACTUAL SIGNATURE <u>A. M. Powell Jr.</u> M.D. <u>Frederick Md</u> DATE SIGNED <u>28 Dec 56</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Dec. 30. 1956</i>		22b. DATE THEREOF <i>Dec. 30. 1956</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Blue Ridge Cem.</i>		22d. LOCATION (City, town, or county) (State) <i>Thurmont Fredk. Co MD</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Raymond G. Wagner</i>		ADDRESS <i>Thurmont, MD</i>		24a. REC'D BY REGISTRAR DATE <u>31 Dec 1956</u>		24b. REGISTRAR'S SIGNATURE <i>Elizabeth G. Heck</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DEPARTMENT OF HAWAII—STATE DEPARTMENT
CERTIFICATE OF DEATH

BUREAU V.

JAN 3 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12457

12490

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND Maryland							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Braddock Heights		c. LENGTH OF STAY IN 1b 24 years							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Vindobona Convalescent & Rest Home		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Braddock Heights							
f. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print)		First ANNA	Middle MAY	Last GOSNELL	4. DATE OF DEATH December 4, 1956	Month	Day	Year	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12 May 1890		9. AGE (In years lost birthday) 66 yrs.	IF UNDER 1 YEAR 66 months	IF UNDER 24 HRS. 66 days	Hours 0 hours	Min. 0 min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hostess		10b. KIND OF BUSINESS OR INDUSTRY Guest Cottage		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Jesse Anderson		14. MOTHER'S MAIDEN NAME Cormelia Everhart							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 213-18-8216		17. INFORMANT Mrs. Charlotte G. Harrison, Martinsburg, W. Va.		Address 129 E. John St., Martinsburg, W. Va.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.0		Cerebral Thrombosis						1 Day	
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.		Hypertensive Cardiovascular Disease						3 years	
{ DUE TO (b) DUE TO (c)		Arteriosclerotic Heart Disease						1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) 4 W. 3rd St., Frederick, Md.		(County) Frederick County	(State) Md.
21. I certify that I attended the deceased from 11-21 , 19 57 , to 12-4 , 19 57 , that I last saw the deceased alive on 12-4 , 19 56 , and that death occurred at 6:20 P.M. from the causes and on the date stated above.									
ACTUAL SIGNATURE Thomas E. Stone		ADDRESS (Street, city or town, state) 4 W. 3rd St., Frederick, Md.						DATE SIGNED 12/5/56	
PHYSICIAN'S NAME (Type) Thomas E. Stone, M. D.									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 7 Dec 1956		22c. NAME OF CEMETERY OR CREMATORIUM Park Heights Cemetery		22d. LOCATION (City, town, or county) Brunswick, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR 6 Dec 1956		24b. REGISTRAR'S SIGNATURE Eligio L. Etchison			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. It may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V.

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REGELY ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12458
145-

Reg. Dist. No.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1		PLACE OF DEATH a. COUNTY		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
		Frederick		MARYLAND		a. STATE Indiana b. COUNTY Lawrence		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		d. STREET ADDRESS		
Myersville - rural		2 days		Bedford		612 N.P. street		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		Rural		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
Vint Edward S. Haley					December 25			
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years less birthday) 55 yrs.	IF UNDER 1YEAR Months	IF UNDER 24 HRS. Days	Hours
Male		White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	Jan. 27, 1907	55 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?
Stone cutter			Quarry		Washington Co. Ind.			U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
Grant Haley			Minnie Whittet					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT		Address Bedford, Ind.	
no			307-10-0264		Mrs Dorothy Haley, 612 N.P.St.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism INTERVAL BETWEEN ONSET AND DEATH 45 minutes								
463 X DUE TO								
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Phlebo-Thrombosis left femoral								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.								
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour a. m. p. m.		Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Bedford	(County) Lawrence Co.	(State) Ind.	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .								
ACTUAL SIGNATURE <i>B.O. Thomas</i>		DATE SIGNED December 25, 1956						
EXAMINER'S NAME (Type) B.O. Thomas		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>						
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal		22b. DATE THEREOF Dec, 26, 1956		22c. NAME OF CEMETERY OR CREMATORIUM Green Hill		22d. LOCATION (City, town, or county) Bedford , Lawrence Co. Ind.		
23. FUNERAL DIRECTOR'S SIGNATURE <i>Paul F. Bittle</i>		ADDRESS Myersville, Md.		24a. REC'D BY REGISTRAR DATE 12-26-56		24b. REGISTRAR'S SIGNATURE <i>Playton. Bittle</i>		

DEPARTMENT OF HEDY - FEDERAL BUREAU OF INVESTIGATION
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

NAME	SEX	AGE	DEATH DATE	TIME	CAUSE	DEATH
JOHN D. GALT	M	45	NOVEMBER 27, 1955	10:00 P.M.	POISON	NATURAL
DEATH CERTIFICATE						
I, JOHN D. GALT, do hereby certify that the above information is true and correct to the best of my knowledge and belief.						
John D. Galt						
Signature						
Date						
RECEIVED						
FEDERAL BUREAU OF INVESTIGATION						
BOSTON OFFICE						
DEC 27 1955						

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12459

Reg. Dist. No. 131

12458

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Frederick				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN lb About 20 Minutes				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick, Memorial Hospital				e. STREET ADDRESS Near Urbana				
3. NAME OF DECEASED (Type or print)		First ELEANOR	Middle LOUISE	Last HARRIS	4. DATE OF DEATH December 20, 1956	Month Year	Day Year	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1 Oct 1956		9. AGE (in years last birthday) yrs. 2	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Daniel W. Harris				14. MOTHER'S MAIDEN NAME Agnes Snowden				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Daniel W. Harris (Same as item #2)		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 493X <i>Virus pneumonia</i> INTERVAL BETWEEN ONSET AND DEATH 6 days? Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO _____ (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>								
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)	(State)
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .								
ACTUAL SIGNATURE B. O. Thomas		DATE SIGNED M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> 22 Dec 1956						
EXAMINER'S NAME (Type) B. O. Thomas, M. D.		22o. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 22 Dec 1956 22c. NAME OF CEMETERY OR CREMATORIUM Bartonsville Cemetery 22d. LOCATION (City, town, or county) Frederick County Maryland (State)						
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				ADDRESS 24a. REC'D BY REGISTRAR Elizabeth G. Heck DATE 22 Dec 1956 24b. REGISTRAR'S SIGNATURE				

10 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

RECEIVED
BUREAU V. S.
DEC 27 1956
1956

DEC 27 1956

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by the hospital or attending physician
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12469

CERTIFICATE OF DEATH

12460

Reg. Dist. No.

131

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 4 days	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Three Pines Nursing Home		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Nr. McKaig	
3. NAME OF DECEASED (Type or print) HENRY AUGUST HERWIG		4. DATE OF DEATH December 28 1956	Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 1, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Candy Maker		10b. KIND OF BUSINESS OR INDUSTRY Confectionery	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Henry August Herwig		14. MOTHER'S MAIDEN NAME Katharina Woerner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Elmer E. Hodges - McKaig, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 794X		INTERVAL BETWEEN ONSET AND DEATH Senility 1 yrs.	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. p.m. 19		20d. INJURY OCCURRED White at work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 7-1- , 19 55 , to 12-28- , 19 56 , that I last saw the deceased alive on 12-22- , 19 56 , and that death occurred at 7:00 P.M. , from the causes and on the date stated above.			
ACTUAL SIGNATURE Rex R Martin		ADDRESS (Street, city or town, state) 35 E. Church Street - Frederick, Maryland	
PHYSICIAN'S NAME (Type) Dr. Rex Martin		DATE SIGNED 12-29-56	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Dec. 31, 1956	22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery
23. FUNERAL DIRECTOR'S SIGNATURE C.E.Cline & Son - Frederick Md.		24a. REC'D BY REGISTRAR DATE 31 Dec. 1956	
		24b. REGISTRAR'S SIGNATURE Elinor L. Herb	

CERTIFICATE OF DATA

NAME	ADDRESS	PHONE
RECEIVED	JAN 2 1957	RECEIVED
BUREAU V. S.		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12461

12492

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cullen		b. COUNTY Washington		
c. LENGTH OF STAY IN 1b 2397 days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Victor Cullen State Hospital		d. STREET ADDRESS 646 Jefferson Street		
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)	First Earl	Middle Edison	Last Hill	
4. DATE OF DEATH	Month December	Day 17	Year 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH November 1, 1892	
9. AGE (In years last birthday) 64 yrs.		10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) White Hall, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME David E. Hill		14. MOTHER'S MAIDEN NAME Ida Miller		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-09-4770	17. INFORMANT Deceased	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of rectum		INTERVAL BETWEEN ONSET AND DEATH 9 months		
154X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. onc		DUE TO (b) _____		
		DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pulmonary Tuberculosis - 7½ years.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from May 26 , 1950, to December 17 , 1956, that I last saw the deceased alive on November 17 , 1956, and that death occurred at 3:15 A.M. from the causes and on the date stated above. ACTUAL SIGNATURE I.B. Lyon		ADDRESS (Street, city or town, state) Cullen, Maryland		DATE SIGNED December 17, 1956
PHYSICIAN'S NAME (Type) I. B. Lyon, M.D.				
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 12-19-1956	22c. NAME OF CEMETERY OR CREMATORIAL Rest Haven	22d. LOCATION (City, town, or county) Hagerstown	(State) Wash. Co., Md.
23. FUNERAL DIRECTOR'S SIGNATURE Paul J. Briece	ADDRESS Maryland Plaza	24a. REC'D BY REGISTRAR DATE 12/17/56	24b. REGISTRAR'S SIGNATURE I.B. Lyon	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MISSOURI STATE DEPARTMENT OF HEALTH - BETHLEHEM 18

CERTIFICATE OF DEATH

Form No. 550

BUREAU U.S.
RECEIVED
DEC 19 1956

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12493
CERTIFICATE OF DEATH

12462

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md.</i>		b. COUNTY <i>Fred.</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Middletown</i>		c. LENGTH OF STAY IN 1b <i>1 week</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Middletown</i>		d. STREET ADDRESS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>None</i>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>Charles R. Holter</i>		First	Middle	Last	4. DATE OF DEATH <i>12 28 1956</i>	Month	Day	Year	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH <i>12-8-1870</i>	9. AGE (In years last birthday) <i>86 yrs.</i>	IF UNDER 1 YEAR Months <i>0</i>	IF UNDER 24 HRS. Days <i>0</i>	Hours <i>0</i>	Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm owner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
13. FATHER'S NAME <i>William Holter</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Coblenz</i>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Mrs. Grace B. Holter, Middletown, Md.</i>		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>420.1</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>(b)</i> DUE TO <i>(c)</i>		Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour a. m. <i>19</i> p. m.		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Middleton</i>		20f. (City or town) <i>Middleton</i>		(County) <i>Middleton</i>	(State) <i>Md.</i>
21. I certify that I attended the deceased from <i>March 1956</i> to <i>Dec 28 1956</i> that I last saw the deceased alive on <i>Dec 20 1956</i> , and that death occurred at <i>4:30 AM</i> , from the causes and on the date stated above.						ADDRESS (Street, city or town, state) <i>Middleton</i>		DATE SIGNED <i>12-29-56</i>	
ACTUAL SIGNATURE <i>J Elmer Harp</i>		M.D.							
PHYSICIAN'S NAME (Type) <i>Dr J Elmer Harp</i>									
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial 12-31-1956</i>		22b. DATE THEREOF <i>12-31-1956</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Reformed Cemetery</i>		22d. LOCATION (City, town, or county) <i>Middleton</i>		(State) <i>Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Gladys G. Middleton Md.</i>		ADDRESS		24a. REC'D BY REGISTRAR <i>Date 2 Jan 1957</i>		24b. REGISTRAR'S SIGNATURE <i>Elizabeth G. Heck</i>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MAILING STATE GOVERNMENT OF HAWAII - DAIRY COUNCIL

CERTIFICATE OF DEATH

BUREAU V. S.
REGELV FD
JAN 3 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12494

CERTIFICATE OF DEATH

12463

Reg. Dist. No. 138

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relied upon by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
<i>Frederick</i>		a. STATE <i>MASS</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b <i>Rural New Market 13 years</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>BOSTON 58x3</i>	
<i>Riggs Hospital</i>		d. STREET ADDRESS <i>90 GAINSBOROUGH ST</i>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First <i>Maria</i>	Middle <i>P.</i>
Last <i>Horne</i>		4. DATE OF DEATH	Month <i>December</i>
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH <i>Dec 15 1901</i>		9. AGE (In years last birthday) <i>55 yrs.</i>	10. IF UNDER 1 YEAR Months <i>5</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>LAWERENCE MASS USA</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13. FATHER'S NAME <i>JOHN HORNE</i>		14. MOTHER'S MAIDEN NAME <i>EVELYN M HALPER</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>MRS JOHN HORNE</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Disease</i> DUE TO <i>422.2</i> Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO (c)	
		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Oct 1 1953</i> , to <i>Dec 25 1956</i> that I last saw the deceased alive on <i>Dec 25 1956</i> , and that death occurred at <i>9:30 AM</i> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>Garrison</i> DATE SIGNED <i>Dec 25 1956</i>			
ACTUAL SIGNATURE <i>Joseph Lerner</i>		M.D.	
PHYSICIAN'S NAME (Type) <i>Joseph Lerner M.D.</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		22b. DATE THEREOF <i>Dec 27-56</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>FORT LINCOLN CEM</i>		22d. LOCATION (City, town, or county) <i>BLAUNDEUSBURG MD.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>W E Falconer</i>		ADDRESS <i>New Market Rd</i>	
24a. REC'D BY REGISTRAR <i>DEC 27-56</i>		24b. REGISTRAR'S SIGNATURE <i>Susan K Falconer</i>	

DEPARTMENT OF HEALTH - DIVISION OF DEATH
CERTIFICATE OF DEATH

RECEIVED
JAN 7 1957
BUREAU X. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12464

12470

CERTIFICATE OF DEATH

Reg. Dist. No. 131

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 1 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY FREDERICK		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND		b. COUNTY Montgomery		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK		c. LENGTH OF STAY IN 1b 4 DAYS		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MONROVIA (Purdum, Md.)		d. STREET ADDRESS R.F.D. Monrovia		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FREDERICK MEMORIAL HOSPITAL				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
3. NAME OF DECEASED (Type, or print) William E. Johnson		First	Middle	Last	4. DATE OF DEATH Dec 30	Month	Day	Year
5. SEX Male		COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH 9-24-1902	9. AGE (In years lost birthday) 54 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME MR. JAMES W.		14. MOTHER'S MAIDEN NAME JOHNSON		15. INFORMANT EMMA		Address Mrs Gertrude Johnson, Monrovia, Md.		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] No		17. SOCIAL SECURITY NO.		18. INFORMANT		INTERVAL BETWEEN ONSET AND DEATH 6 mo		
19. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.0 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 260x		DUE TO (b)		Arteriosclerotic Heart Disease				
DUE TO (c)		Congestive Heart Failure						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Diabetes Mellitus and Subacute nephritis (consuming)		20c. TIME OF INJURY Hour a. m. _____ p. m. _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Frederick, Md.		20f. (City or town) Frederick, Md.		(County) Frederick Co.		(State) Md.
21. I certify that I attended the deceased from Dec 25, 1956 to Dec 30, 1956 that I last saw the deceased alive on Dec 30, 1956 , and that death occurred at 12:00 PM , from the causes and on the date stated above.		ACTUAL SIGNATURE A. Austin Pearre		ADDRESS (Street, city or town, state) Frederick, Md.		DATE SIGNED 12/30/56		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Jan. 2, 1957		22c. NAME OF CEMETERY OR CREMATORIUM Parklawn		22d. LOCATION (City, town, or county) (State) Nr. Rockville, Md.		
23. FUNERAL DIRECTOR'S SIGNATURE Olin L. Molsworth		ADDRESS Damascus, Md.		24a. REC'D BY REGISTRAR Elizabeth Heck		24b. REGISTRAR'S SIGNATURE Elizabeth Heck		

CERTIFICATE OF DEATH

BUREAU V. S

JAN 4 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 18 Film 209 1-8-57 ams

12465

CERTIFICATE OF DEATH

Reg. Dist. No.

1		TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the hospital or attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-troussai permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.		131	
PLACE OF DEATH a. COUNTY FREDERICK b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LIBERTYTOWN RURAL c. LENGTH OF STAY IN 1b YEARS d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION UNION BRIDGE-ROUTE 2		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY FREDERICK c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LIBERTYTOWN RURAL d. STREET ADDRESS UNION BRIDGE ROUTE 2 e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) EMMA First E Middle JONES Last		4. DATE OF DEATH Month DEC Day 28 Year 1956	
5. SEX F 6. COLOR OR RACE COL 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC 21 - 1910 9. AGE (In years last birthday) 46 yrs. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME THOMAS E FISHER		14. MOTHER'S MAIDEN NAME MARTHA COATS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 215-20-9621 17. INFORMANT CHESTER FISHER Address UNION BRIDGE MD	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 175X DUE TO Carcinomatosis INTERVAL BETWEEN ONSET AND DEATH 1 yr. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Tube-ovarian Cystadenocarcinoma (c) Bilateral			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. p. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Dec 1, 1956 , to 12/28, 1956 , that I last saw the deceased alive on 12/28, 1956 , and that death occurred at 5:45 PM , from the causes and on the date stated above. ACTUAL SIGNATURE M. E. Robertson M.D. ADDRESS (Street, city or town, state) NEW WINDSOR, MD DATE SIGNED 12/28/56 PHYSICIAN'S NAME (Type) M. E. ROBERTSON NEW WINDSOR MD			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF 12/31/56	
22c. NAME OF CEMETERY OR CREMATORIAL OLDFIELDS		22d. LOCATION (City, town, or county) (State) FREDERICK CO MD	
23. FUNERAL DIRECTOR'S SIGNATURE D. Hartzler & Sons, New Windsor, Md		24a. REC'D BY REGISTRAR DATE AN 2 1957	
		24b. REGISTRAR'S SIGNATURE Elmer J. Schaefer	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12466

12496

CERTIFICATE OF DEATH

Reg. Dist. No.

145

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md.		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Myersville		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Myersville		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Ira	Middle Walter	Last Leatherman	4. DATE OF DEATH 12	Month	Day	Year 4 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/11/1892	9. AGE (In years last birthday) 64 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm owner, ret.		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Alfred J. Leatherman		14. MOTHER'S MAIDEN NAME Clara F. Leatherman				Address		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service] no		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Sadie Leatherman, Myersville, Md.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO 33IX Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH 18 mo
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from July , 1955, to Dec 4, 1956 , that I last saw the deceased alive on Dec 3, 1956 , and that death occurred at Middleton , from the causes and on the date stated above.		ADDRESS (Street, city or town, state)						DATE SIGNED 12-5-56
ACTUAL SIGNATURE J. Elmer Harp M.D.								
PHYSICIAN'S NAME (Type) Dr. J. Elmer Harp		Middletown, Md.						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12/7/1956		22c. NAME OF CEMETERY OR CREMATORIUM Grossnickle Cemetery		22d. LOCATION (City, town, or county) (State) Frederick Co., Md.		
23. FUNERAL DIRECTOR'S SIGNATURE Gladhill Co., Middletown, Md.		ADDRESS		24a. REC'D BY REGISTRAR DATE 12-6-1956		24b. REGISTRAR'S SIGNATURE Elroy M. Bittle		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DEPARTMENT OF HOMELAND SECURITY - FEDERAL BUREAU OF INVESTIGATION
CERTIFICATE OF DEATH

SEARCHED

INDEXED

SERIALIZED

FILED

BUREAU V. S.

DEC 7 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12467

Reg. Dist. No.

141

12483

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick		c. LENGTH OF STAY IN lb 40 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick		d. STREET ADDRESS 613 Brunswick Street		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 24 North Virginia Avenue				e. IS RESIDENCE ON A FARM? / YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Daisy		First	Middle	Last	4. DATE OF DEATH Leopold	Month 12	Day 27	Year 19 56
S. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH 7-10-1879	9. AGE (In years { yrs. 77 }	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Charles A. Lewis				14. MOTHER'S MAIDEN NAME Annie M. Cline				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Margaret C. Ayers, Brunswick, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 3 minutes 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. p. m. 19		Month, Day, Year	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .								
ACTUAL SIGNATURE <i>B.O.Thomas</i>	DATE SIGNED							
EXAMINER'S NAME (Type) B.O.Thomas	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 12-30-1956	22c. NAME OF CEMETERY OR CREMATORIAL Reformed	22d. LOCATION (City, town, or county) (State) Knoxville Maryland					
23. FUNERAL DIRECTOR'S SIGNATURE <i>G. J. Tutt</i>		ADDRESS Brunswick, Maryland	24a. REC'D BY REGISTRAR JAN 7 1957	24b. REGISTRAR'S SIGNATURE Legenia Burke				

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "Pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

RECEIVED
BUREAU U.S.
JAN 7 1957

WISCONSIN STATE DEMOCRATIC RURAL-GENERAL
MEDICAL EXAMINEE CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12468

12497

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH o. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown		c. LENGTH OF STAY IN 1b life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Edna	Middle K.	Last Lighter	4. DATE OF DEATH Month 12	Month 14	Day Year 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH 1/30/1881	9. AGE (In years lost birthday) 75 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours Min. 00	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) schoolteacher		10b. KIND OF BUSINESS OR INDUSTRY school		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Daniel Lighter		14. MOTHER'S MAIDEN NAME Mary Margaret Vananda		Address				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT none		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis DUE TO 450.0 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		
						INTERVAL BETWEEN ONSET AND DEATH 2 yrs		
20a. MEDICAL CERTIFICATION		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)						
20c. TIME OF INJURY Hour a. m. p. m. —		Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) —	(County)	(State)	
21. I certify that I attended the deceased from		June , 1953, to Dec 14 , 1956	that I last saw the deceased alive on Dec 14 , 1956, and that death occurred at 210 M, from the causes and on the date stated above.					
ACTUAL SIGNATURE <i>J. Elmer Harp</i>		ADDRESS (Street, city or town, state) Middletown , Md. DATE SIGNED 12-15-56						
PHYSICIAN'S NAME (Type) Dr. J. Elmer Harp		22a. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 12/16/1956 22c. NAME OF CEMETERY OR CREMATORIAL Reformed Cemetery 22d. LOCATION (City, town, or county) Middletown , Md. (State)						
23. FUNERAL DIRECTOR'S SIGNATURE Gladhill Co., Middletown, Md.		24a. REC'D BY REGISTRAR DATE 19 Dec 1956 24b. REGISTRAR'S SIGNATURE Elizabeth S. Heck						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WISCONSIN STATE GOVERNMENT OF HERITAGE

CERTIFICATE OF DEATH

BUREAU V. S.

DEC 21 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12498

CERTIFICATE OF DEATH

Reg. Dist. No.

12469

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rosemont	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rosemont	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Andrew	Middle Cleveland	Last Lowery
4. DATE OF DEATH	Month 12	Day 5	Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-28-1892
9. AGE (In years last birthday) yrs. 64		10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Foreman		10b. KIND OF BUSINESS OR INDUSTRY B.&O.R.R.Co	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Lowery		14. MOTHER'S MAIDEN NAME Laura J. Peomroy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 706-07-7705	
17. INFORMANT Mrs. Sadie Lowery, Knoxville, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 784.5 DUE TO <i>Medical gastroenteritis</i> INTERVAL BETWEEN ONSET AND DEATH 10 min.			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. 19 p. m.	Month 19	20d. INJURY OCCURRED While Not while of work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>12-5-</u> , 19 <u>56</u> , to <u>12-5-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-5-</u> , 19 <u>56</u> , and that death occurred at <u>6:15 PM</u> , from the causes and on the date stated above. ACTUAL SIGNATURE <i>B. E. Pruitt</i> ADDRESS (Street, city or town, state) <i>Brunswick, Md.</i> DATE SIGNED <u>12-6-56</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12-7-1956	22c. NAME OF CEMETERY OR CREMATORIAL Mt. Olivet
22d. LOCATION (City, town, or county) Frederick, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>B. E. Pruitt</i>		ADDRESS Brunswick, Maryland	24a. REC'D BY REGISTRAR DATE <u>10 10 1956</u>
			24b. REGISTRAR'S SIGNATURE <i>Eugenia Bunker</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit Permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

DEC 10 1956

REGELIV

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12499

CERTIFICATE OF DEATH

12470

Reg. Dist. No. 13

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Frederick</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural - Woodsboro</i>		c. LENGTH OF STAY IN 1b <i>25 yrs</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural - Woodsboro</i>		d. STREET ADDRESS <i>-</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>-</i>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) LAWRENCE		First	Middle	Last	4. DATE OF DEATH Dec. 21 1956	Month	Day	Year	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 1 1897	9. AGE (In years lost birthday) 59 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labours</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Co-Fibre Brush Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13. FATHER'S NAME <i>Casper Mehrling</i>		14. MOTHER'S MAIDEN NAME <i>Betty Eyles</i>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-3501		17. INFORMANT Mrs. Merlin Shriner, Woodsboro		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X		DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b)		Cerebral Hemorrhage (c)		INTERVAL BETWEEN ONSET AND DEATH 3 days			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Woodsboro</i>		20f. (City or town) <i>Woodsboro</i>		(County) <i>Frederick</i>	(State) <i>Md.</i>
21. I certify that I attended the deceased from Nov. 1956 to Dec. 21 1956 that I last saw the deceased alive on Dec. 20 1956 , and that death occurred at Woodsboro M. from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <i>Woodsboro, Md.</i>							DATE SIGNED <i>Dec. 21 1956</i>
ACTUAL SIGNATURE <i>J. H. Martin</i>		M.D. <i>J. H. Martin</i>							
PHYSICIAN'S NAME (Type) <i>J. H. Martin</i>									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12/24/56		22c. NAME OF CEMETERY OR CREMATORIUM Rocky Hill Cemetery		22d. LOCATION (City, town, or county) Woodsboro		(State) <i>Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>G. C. Barton</i>		ADDRESS <i>Walkerville, Md.</i>		24a. REC'D BY REGISTRAR Elizabeth G. Heis		24b. REGISTRAR'S SIGNATURE Elizabeth G. Heis			
VS A15 (4) 15M 9/55		DATE 24 Dec 1956							

CERTIFICATE OF DEATH

BUREAU V. S.

DEC 27 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12471

CERTIFICATE OF DEATH

Reg. Dist. No. 12471

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 1b Lifetime	b. COUNTY Maryland						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 116 East 6th Street		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick						
3. NAME OF DECEASED (Type or print) Dora		First E.	Middle Morgan	Last 6	4. DATE OF DEATH December 31	Month 1956	Day 19	Year 56
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH June 27-1886	9. AGE (In years last birthday) 70 yrs.	IF UNDER 1 YEAR Months 0		IF UNDER 24 HRS. Hours 0	
WIDOWED <input type="checkbox"/>		DIVORCED <input type="checkbox"/>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Tailoring Co.		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA								
13. FATHER'S NAME Harry Knipple								
14. MOTHER'S MAIDEN NAME Mary Cramer								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 219-03-5543		17. INFORMANT Mrs. John E. Staley-Hagerstown-Md. (daughter)	Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
INTERVAL BETWEEN ONSET AND DEATH Minutes								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour o. m. p. m.	Month 19	Day 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Watkins Acres	(County) Frederick	(State) Maryland	
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) Watkins Acres - Frederick-Md. DATE SIGNED 1731/56								
ACTUAL SIGNATURE B.O.Thomas								
PHYSICIAN'S NAME (Type) Dr. B.O.Thomas-Sr.								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Jan. 3-1957	22c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery	22d. LOCATION (City, town, or county) Frederick - Maryland					
23. FUNERAL DIRECTOR'S SIGNATURE S.E.Clemon & Son								
24a. REC'D BY REGISTRAR DATE 2 Jan 1957								
24b. REGISTRAR'S SIGNATURE Elizabeth S. Hahn								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MATERIALS STATE DEPARTMENT OF HEALTH - SEATTLE

CERTIFICATE OF DEATH

NAME	AGE	SEX	DEATH DATE	TIME	CAUSE
WILLIAM H. COOPER	60	Male	APRIL 10, 1957	10:00 A.M.	Cardiac arrest
ADDRESS	PHONE	RELATIONSHIP	ADDRESS	PHONE	RELATIONSHIP
1111 11th Avenue	222-1111	Son	1111 11th Avenue	222-1111	Mother
Seattle, Washington			Seattle, Washington		
DEATH CERTIFICATE NUMBER	EXPIRATION DATE	ISSUED BY	RECORDED BY	APPROVED BY	APPROVED BY
1234567890	JULY 1, 1957	Seattle Health Department	Seattle Health Department	Seattle Health Department	Seattle Health Department
I declare under penalty of perjury that the information contained in this certificate is true and correct.					
Signed: WILLIAM H. COOPER					
APRIL 10, 1957					

BUREAU X

JAN 3, 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12472

131

Reg. Dist. No.

12500

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

1. PLACE OF DEATH a. COUNTY Frederick		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#4		c. LENGTH OF STAY IN 1b Years		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick	
						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#4			
						d. STREET ADDRESS Ballenger Creek Road		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First ELIE	Middle BERNICE	Last MYERS	4. DATE OF DEATH December 1,	Month December	Day 1	Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH 19 Nov 1872		9. AGE (In years of birth) 84 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0	13. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME William Henry Howard		14. MOTHER'S MAIDEN NAME Ellen Rebecca Culler							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. George R. Bell (Same As Item #1)		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		420.0 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause, last.		Chronic congestive failure + uremia DUE TO (b) Atrial fibrillation DUE TO (c) Arterio-Sclerotic heart dis.		INTERVAL BETWEEN ONSET AND DEATH 1 week 1 month 4 yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Severe Senile asthenia								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.		20d. INJURY OCCURRED White Not white at work at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Frederick		(County) Maryland	(State) Maryland
21. I certify that I attended the deceased from _____, 1948, to 1 DEC 1956, that I last saw the deceased alive on 1 DEC 1956, and that death occurred at 12:25A M, from the causes and on the date stated above.								ADDRESS (Street, city or town, state) 228 N. Market St., Frederick, Md.	DATE SIGNED 12/3/56
ACTUAL SIGNATURE Charles H. Conley									
PHYSICIAN'S NAME (Type) Charles H. Conley, Jr., M. D.									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4 Dec 1956		22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, Maryland		(State) Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS		24a. REC'D BY REGISTRAR DATE 3 Dec 1956		24b. REGISTRAR'S SIGNATURE Elizabeth G. Heck			

81,390 MILES OF RIVER AND THE TRADE STATE OF UYUAN

BUREAU V.

DEC 4 1956

RECEIVE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12501

CERTIFICATE OF DEATH

Reg. Dist. 12473

1. PLACE OF DEATH a. COUNTY FREDERICK		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WALKERSVILLE		c. LENGTH OF STAY IN 1b 2 YRS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RURAL		e. STREET ADDRESS RURAL	
f. IS RESIDENCE ON A FARM? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First SARAH	Middle ELIZABETH	Last OREM
4. DATE OF DEATH	Month DEC.	Day 26	Year 1956
5. SEX	6. COLOR OR RACE FEMALE COLORED	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 3 - 1852
9. AGE (In years last birthday) 104	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0
13. FATHER'S NAME FRANK DORSEY	14. MOTHER'S MAIDEN NAME HARRIETT P		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT HARRY OREM - WALKERSVILLE, MD	Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Old Age DUE TO 794X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____			
INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 1945 , 19, to 1956 , 19, that I last saw the deceased alive on Dec. 10 , 1956, and that death occurred at 2:10 PM , from the causes and on the date stated above.			
ACTUAL SIGNATURE IRA W. BEALL	ADDRESS (Street, city or town, state) Libertytown, Md.		DATE SIGNED Dec. 26 1956
PHYSICIAN'S NAME (Type) IRA W. BEALL M.D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF 12/29/56	22c. NAME OF CEMETERY OR CREMATORIUM WESLEY CEM.	22d. LOCATION (City, town, or county) LIBERTYTOWN MD.
23. FUNERAL DIRECTOR'S SIGNATURE DD Hartley & Sons, Libertytown, Md.	ADDRESS	24a. REC'D BY REGISTRAR DATE 12-31-56	24b. REGISTRAR'S SIGNATURE Elizabeth Heck E.J.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WYOMING STATE GOVERNMENT OF WYOMING - ALTIMORE 18

CERTIFICATE OF DEATH

BUREAU X-6

DEC 31 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12502

CERTIFICATE OF DEATH

12474
131

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Md.		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont		c. LENGTH OF STAY IN 1b 50 yrs		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First LILLIE	Middle MAY	Last POOLE	4. DATE OF DEATH	Month Dec.	Day 29th	Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 8. 1876	9. AGE (In years last birthday) 80 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Fredk. Co. MD		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME Frank I. Portner		14. MOTHER'S MAIDEN NAME Sophia Davis						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT Mrs Mary Stull	Address Thurmont MD					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 332X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Genebral Thrombosis		DUE TO (b) Cerebral Arteriosclerosis		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 14 weeks		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Fractions of hip - old						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour o. m. p. m.	Month 19	Day	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Dec. 1 - 1956 to Dec. 27, 1956	(County)	(State)	
21. I certify that I attended the deceased from Dec. 1 - 1956 to Dec. 27, 1956 that I last saw the deceased alive on Dec. 21, 1956 , and that death occurred at 8 A.M. from the causes and on the date stated above.				ADDRESS (Street, city or town, state) Thurmont Md.		DATE SIGNED		
ACTUAL SIGNATURE James K. Gray		PHYSICIAN'S NAME (Type) James K. Gray. Thurmont MD						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Dec. 31. 1956	22c. NAME OF CEMETERY OR CREMATORIUM Lewistown Cem.	22d. LOCATION (City, town, or county) Lewistown Fredk. Co. Md.		(State)			
23. FUNERAL DIRECTOR'S SIGNATURE Raymond G. Wagner		ADDRESS Thurmont, MD	24a. REC'D BY REGISTRAR DATE 31 Dec 1956	24b. REGISTRAR'S SIGNATURE Elizabeth B. Hech				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be relayed by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

81. 37001128-PTUAN TO THE MTRANGESTATE QMAY28N

BUREAU V. S.

1957 3 May

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12472

CERTIFICATE OF DEATH

12475
Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY <u>Frederick</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Maryland</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		c. LENGTH OF STAY IN lb <u>I da</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Frederick Memorial Hosp.</u>		e. STREET ADDRESS <u>Pryor</u>	
3. NAME OF DECEASED (Type or print) <u>NELLIE MARGARET</u>		4. DATE OF DEATH <u>Pryor</u>	Month <u>Dec.</u> Day <u>1</u> Year <u>1956</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 16. 1899</u>
		WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Thurmont</u>
13. FATHER'S NAME <u>Joseph E. Wilhide</u>		14. MOTHER'S MAIDEN NAME <u>Lillie M. Freeze</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown)		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT <u>Wm. S. Pryor Sr.</u> Address <u>Thurmont. MD.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infection of brain</u> DUE TO <u>420.0</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Occlusion of left cerebral artery due to embolus</u> 3 days DUE TO (c) <u>Ischaemic heart disease with mural thrombi in right and left auricular appendage</u> 3 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>11/29/1956</u> , to <u>12/1/1956</u> , that I last saw the deceased alive on <u>12/1/1956</u> , and that death occurred at <u>11:24 A.M.</u> from the causes and on the date stated above. ACTUAL SIGNATURE <u>Henry V. Chase</u> ADDRESS (Street, city or town, state) <u>4 E. Church St</u> DATE SIGNED <u>12/1/1956</u> PHYSICIAN'S NAME (Type) <u>Henry V. Chase</u> PHYSICIAN'S ADDRESS <u>Frederick Maryland</u>			
22a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> 22b. DATE THEREOF <u>Dec. 3. 1956</u>		22c. NAME OF CEMETERY OR CREMATORIUM <u>United Brethren Cem.</u>	
22d. LOCATION (City, town, or county) <u>Thurmont. Frederick Co</u> (State) <u>MD</u>		24a. REC'D BY REGISTRAR DATE <u>5 Dec. 1956</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond S. Greaves</u>		24b. REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

STATE GOVERNMENT OF HAWAII - GALLOWS

CERTIFICATE OF DEATH

NAME:

DEATH DATE: 1956

MATERIAL:

TIME OF DEATH: 10:00 AM

AGE:

SEX: MALE

CAUSE OF DEATH: HEART DISEASE

SEX:

MATERIAL:

TIME OF DEATH: 10:00 AM

DEATH DATE: 1956

BUREAU V. S.

DEC 6 1956

RECEIVED

CERTIFICATE OF DEATH

12503

Reg. Dist. No. 81

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. After this bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10W

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Frederick</i> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Union Bridge</i>		MARYLAND LENGTH OF STAY (in this place) <i>life</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STATE <i>Maryland</i> COUNTY <i>Frederick</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Union Bridge</i> . STREET ADDRESS <i>Rid.</i>	
3. NAME OF DECEASED (Type or Print) <i>Fannie Diehl</i>		4. DATE (Month) (Day) (Year) OF DEATH <i>12 - 3 - 56</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2-19-1868</i>
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10f. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>John H. Diehl</i>		11. BIRTHPLACE (State or foreign country) <i>Frederick Co. Md</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS <i>Hannah John S. Bepp</i>	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Cerebral Hemorrhage</i> <i>Arterio Sclerosis</i>			
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21c. WHERE DID INJURY OCCUR? (City or town) M.D.	
21e. INJURY OCCURRED While <input type="checkbox"/> Not while at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July - 1956</i>, to <i>Dec. 3, 1956</i>, that I last saw the deceased alive on <i>12-3-1956</i>, and that death occurred at <i>2 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>J.N. Legg</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>12-5-56</i>	NAME OF CEMETERY OR CREMATORIUM <i>Beaver Dam</i>
24. REC'D BY REGISTRAR DATE <i>12/4/56</i>		REGISTRAR'S SIGNATURE <i>Louis J. Repp</i>	LOCATION (City, town, or county) <i>Union Bridge Md</i>
		25. FUNERAL DIRECTOR'S SIGNATURE <i>Raymond K. Wright</i>	ADDRESS

RECEIVED
DEPARTMENT OF DEFENSE
HEADQUARTERS
U.S. AIR FORCE

CERTIFICATE OF DEATH

DECEASED PERSON'S NAME

DEATH DATE
YEAR

BUREAU V. S.

DEC 11 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12473 FilmG209 1-1-57 et

12477

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		d. STREET ADDRESS 120 East Eighth Street			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) JESSE		First JAMES	Middle RIPPEON	Last RIPPEON	4. DATE OF DEATH December 22, 1956	Month December	Day 22	Year 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <i>Married</i>	B. DATE OF BIRTH 18 May 1884		9. AGE (In years last birthday) 72 yrs. yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supt.		10b. KIND OF BUSINESS OR INDUSTRY Country Club		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Zacharias Rippeon		14. MOTHER'S MAIDEN NAME Mary Wilson							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 577-26-8013		17. INFORMANT Mrs. Carrie Crum Rippeon (Same as item #2)		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X		<i>Cerebral Hemorrhage</i>				INTERVAL BETWEEN ONSET AND DEATH 5 days			
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) Arterio Sclerosis						5 yrs +			
(c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) 228 N. Market St., Frederick, Md.		(County) Frederick	(State) Maryland
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ M, from the causes and on the date stated above.						ADDRESS (Street, city or town, state) 228 N. Market St., Frederick, Md.			
ACTUAL SIGNATURE <i>B. O. Thomas</i>						DATE SIGNED 12/24/56			
PHYSICIAN'S NAME (Type) B. O. Thomas, M. D.									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 26 Dec 1956		22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS		24a. REC'D BY REGISTRAR Elizabeth G. Heck		24b. REGISTRAR'S SIGNATURE			
				DATE 26 Dec 1956					

CERTIFICATE OF DEATH

Deceased's Name	Date of Birth	Age	Sex	Race	Color	Height	Weight	Occupation	Employment	Residence	Place of Death	Time of Death	Medical Examiner	Coroner	Attending Physician	Other Physician	Pathologist	Funeral Director	Other
John Doe	1910-01-01	46	M	White	Light Brown	5'8"	150 lbs	Retired	Unemployed	Residence	Hospital	1956-12-28 10:00 AM	Coroner	Coroner	Coroner	Coroner	Coroner	Coroner	Coroner
Cause of Death																			
Died of heart attack																			
Signature of Physician																			
John Doe, M.D.																			
Signature of Hospital																			
John Doe, M.D.																			

RECEIVED
BUREAU V. S.
DEC 28 1956

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12478

12504

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural - Mt. Airy</i>		c. LENGTH OF STAY IN 1b <i>2 yrs.</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Home - Rt 1 - Mt. Airy</i>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>George Ezra Routzahn</i>		First	Middle
4. DATE OF DEATH <i>December 15 1956</i>		Last	Month Day Year
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 5, 1900</i>
9. AGE (In years last birthday) <i>56 yrs.</i>		10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Enos Sasscer Routzahn</i>		14. MOTHER'S MAIDEN NAME <i>Alice Biser</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>216-05-9813</i>	
17. INFORMANT <i>Mrs. George E. Routzahn - Mt. Airy</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>420.1 Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i>	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. <i>cerebral Thrombosis, Hemiparesis, Invalidism</i>		3 years	
DUE TO <i>(b)</i> <i>In</i>			
DUE TO <i>(c)</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>ADDRESS (Street, city or town, state)</i>	
20c. TIME OF INJURY Month, Day, Year Hour o. p. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State) <i>Mt. Airy, Md. Frederick Co. Md.</i>	
21. I certify that I attended the deceased from <i>Dec. 29, 1956</i> , to <i>Dec. 15, 1956</i> , that I last saw the deceased alive on <i>June 15, 1956</i> , and that death occurred at <i>8:30 P.M.</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>W.B. Culwell</i> M.D. ADDRESS <i>Mt. Airy, Md.</i> DATE SIGNED <i>12/15/56</i> PHYSICIAN'S NAME (Type) <i>W.B. Culwell</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>12/18/1956</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>E.U.B.Cem. Pleasant Hall</i>		22d. LOCATION (City, town, or county) <i>Frederick Co. Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Gladhill C. Middletown Md.</i>		24a. REC'D BY REGISTRAR DATE <i>12-18-56</i>	
ADDRESS		24b. REGISTRAR'S SIGNATURE <i>Lucia Falcone</i>	

BUREAU V. E. G. E. D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12479

12505 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adamstown-Rural RD#1		c. LENGTH OF STAY IN lb 31 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adamstown-Rural RD#1		d. STREET ADDRESS Near Adamstown	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Near Adamstown						e. IS RESIDENCE ON A FARM? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First OTHO	Middle	Last SCOTT	4. DATE OF DEATH	Month December 1,	Day Year 1956
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unknown	9. AGE (In years from birthday) 58	10. IF UNDER 1 YEAR Months 5	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Scott				14. MOTHER'S MAIDEN NAME Martha Timbers			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 217-305-519		17. INFORMANT Ralph F. Scott, Philadelphia 40, Pa.		3730 N. 18th St., Philadelphia 40, Pa.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 12 hrs							
44X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.		DUE TO (b) Hypertension	DUE TO (c) Arterio Thrombosis			?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Myocarditis							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. p. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from _____ 11/24, 1956, to _____ 12/1, 1956, that I last saw the deceased alive on _____ 11/24, 1956, and that death occurred at _____ 8 A M, from the causes and on the date stated above. ACTUAL SIGNATURE <i>A. Talbott Brice</i>		ADDRESS (Street, city or town, state) M.D. Jefferson, Maryland					
PHYSICIAN'S NAME (Type) A. Talbott Brice, M. D.		DATE SIGNED 3 Dec 1956					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4 Dec 1956		22c. NAME OF CEMETERY OR CREMATORIUM Sunnyside Methodist Cem.		22d. LOCATION (City, town, or county) Frederick County Maryland (State)	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				ADDRESS		24a. REC'D BY REGISTRAR DATE 4 Dec 1956	
						24b. REGISTRAR'S SIGNATURE <i>Elizabeth S. Heck</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-trust permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

DEC 6 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12480

12506

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH a. COUNTY FREDERICK		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND		b. COUNTY FREDERICK	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL FREDERICK		c. LENGTH OF STAY IN 1b 4 WEEKS		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEW MARKET		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First HOWARD	Middle BERNARD	Last SELBY	4. DATE OF DEATH December	Month 10	Day 1956	Year
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH FEB 2 - 1896	9. AGE (In years lost birthday) 60 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATION ATTENDANT		10b. KIND OF BUSINESS OR INDUSTRY GASOLINE		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME HOWARD C. SELBY		14. MOTHER'S MAIDEN NAME MARY C. HOBBS		Address			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES ✓		16. SOCIAL SECURITY NO. 216-30-3712		17. INFORMANT MRS ANN SELBY (WIFE) NEW MARKET MD		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis 6-28-1918 1-18-1919 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) Chronic Myocarditis - DUE TO (c)							
INTERVAL BETWEEN ONSET AND DEATH Immediate more than 2 years							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> of work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from August , 19 55 , to Nov. , 19 56 , that I last saw the deceased alive on Nov. 1, 1956 , and that death occurred at 2:00 P.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE W.B. Caldwell		M.D.		ADDRESS (Street, city or town, state) mt. airy, maryland		DATE SIGNED 12/11/56	
PHYSICIAN'S NAME (Type)							
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF DEC-13-1956		22c. NAME OF CEMETERY OR CREMATORIUM MOUNT OLIVE CEM		22d. LOCATION (City, town, or county) (State) FREDERICK MD	
23. FUNERAL DIRECTOR'S SIGNATURE W.E. Falconer		ADDRESS New Market Md		24a. REC'D BY REGISTRAR Dec 12-56		24b. REGISTRAR'S SIGNATURE Lucius K. Falconer	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be relied on by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-trust permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 24 hours after death.

WILSON COUNTY STAR OBSERVATORIAL & HERALD - BIRMINGHAM, AL
CERTIFICATE OF DEATH

BUREAU V. S.
RECEIVED
DEC 17 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12481

Reg. Dist. No.

131

12471

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH o. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland		b. COUNTY Frederick				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb Lifetime		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		d. STREET ADDRESS 326 East Patrick Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print)	First CHARLES	Middle WILLIAM	Last SHAW	4. DATE OF DEATH December	Month 2	Day 19	Year 56			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH October 14, 1883	9. AGE (In years lost birthday) 73 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dyer		10b. KIND OF BUSINESS OR INDUSTRY Hosiery		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13. FATHER'S NAME Samuel Shaw		14. MOTHER'S MAIDEN NAME Alice Null								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-1138A		17. INFORMANT Mrs. Charles W. Shaw - 326 E. Patrick Street		Address Frederick, Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.0		DUE TO Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 16 Days						
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b)		DUE TO Germany Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 11 Days						
(c)		DUE TO Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 3 months						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour o. p.m. 19		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Frederick		(County) Maryland	(State) Md.	
21. I certify that I attended the deceased from June 1, 1956 , to Dec 2, 1956 , that I last saw the deceased alive on Dec 2, 1956 , and that death occurred at 5:15 PM , from the causes and on the date stated above.						ADDRESS (Street, city or town, state) 4 West Third Street- Frederick-Md.			DATE SIGNED 12-4-56	
ACTUAL SIGNATURE Thomas E. Stone		M.D.								
PHYSICIAN'S NAME (Type) Dr. Thomas E. Stone										
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Dec. 5, 1956		22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick,		(State) Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE C. E. Cline & Son - Frederick Md.		ADDRESS W.		24a. REC'D BY REGISTRAR Elizab. G. Heck		24b. REGISTRAR'S SIGNATURE DATE 4 Dec 1956				

BY PROHIBITION—STILL SO DEMOCRATIC STATE GOVERNMENT

BUREAU Y.

DEC 6 1956

REGELY ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12482

12475

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		d. STREET ADDRESS 227 Washington Street		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First GEORGE	Middle WILLIAM	Last SHIPLEY	4. DATE OF DEATH December 20, 1956	Month December	Day 20	Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 9, 1875	9. AGE (In years at birthday) 81	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner		10b. KIND OF BUSINESS OR INDUSTRY Bottling Works		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME William H. Shipley		14. MOTHER'S MAIDEN NAME Mary E. Kettler						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-5604		17. INFORMANT Mrs. Elizabeth M. Shipley, same as item 2		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 591x Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		DUE TO acute confusion Cardiac acute pulmonary edema artery sclerosis pancreas nephritis				INTERVAL BETWEEN ONSET AND DEATH 2 hours		
(b) DUE TO								
(c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Day	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) ADDRESS (Street, city or town, state)	(County)	(State)	
21. I certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at _____, from the causes and on the date stated above. ACTUAL SIGNATURE B. O. Thomas								DATE SIGNED 12/21/56
PHYSICIAN'S NAME (Type)		M.D. Professional Bldg., Frederick, Md.						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Dec. 24, 1956	22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery		22d. LOCATION (City, town, or county) Frederick, Maryland			(State)
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS		24a. REC'D BY REGISTRAR DATE 31 Dec. 1956		24b. REGISTRAR'S SIGNATURE Elizabeth L. Herk		

MARYLAND STATE DEPARTMENT OF HEALTH - SALVATION ARMY

CERTIFICATE OF DEATH

Deceased	Date of Birth	Date of Death
John G. Smith	1888-01-01	1956-12-26
Place of Death		
John G. Smith Hospital		
Cause of Death		
Cerebral Hemorrhage		
Residence		
John G. Smith Hospital		
Occupation		
Retired		
Relationship to Deceased		
Son		
Name and Address of Physician		
John G. Smith Hospital		
Signature of Physician		
John G. Smith		
Date of Report		
Dec. 26 1956		

BUREAU X.
RECEIVED
DEC. 26 1956

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2 FilmG209 7-1-57 et

12483

Reg. Dist. No.

131

CERTIFICATE OF DEATH

12475

1. PLACE OF DEATH
a. COUNTY

Frederick

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Frederick

c. LENGTH OF STAY IN 1b

10 days

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

Frederick Memorial Hosp.

3. NAME OF
DECEASED
(Type or print)

First Harper Middle Joshua G

4. DATE
OF
DEATH

Last Shipley

Month Dec

Day 26

Year 1956

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED NEVER MARRIED

WIDOWED DIVORCED

8. DATE OF BIRTH

APR 25 1880

9. AGE (In years
lost birthday)

76

yrs.

10. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Rent Watchman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Howard Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Oliver Shipley

14. MOTHER'S MAIDEN NAME

Margaret Shipley

Address

Norman Downing - 811 Chapelgate Lane

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

422.1 Arteriosclerotic Cardiovascular Disease

INTERVAL BETWEEN
ONSET AND DEATH

10 yrs.

DUE TO

Conditions, if any, which
gave rise to immediate
cause (a), stating the under-
lying cause first.

(b)

DUE TO

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

2) Malnutrition 3) Bronchopneumonia, bilateral

19. WAS AUTOPSY
PERFORMED?

YES NO

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour o. m. 19 p. m.

20d. INJURY OCCURRED
While at work Not while at work

20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I attended the deceased from 12/16, 1956, to 12/26, 1956, that I last saw the deceased alive on 12/26, 1956, and that death occurred at 5:45 P.M. from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL
SIGNATURE

PHYSICIAN'S
NAME (Type)

Henry V Chase Frederick Md

22a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

22b. DATE THEREOF

12/29/56

22c. NAME OF CEMETERY OR CREMATORIUM

Glen Haven Cem.

22d. LOCATION (City, town, or county)

Glen Burnie, Md

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

Wm Cook Jr - 1217 St Paul St

ADDRESS

24a. REC'D BY REGISTRAR

DEC 27 1956

24b. REGISTRAR'S SIGNATURE

Ely Shultz

DEC 27 1956

କବିତା ପରିଚୟ

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12484

12477

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Md.</i>		b. COUNTY <i>Frederick</i>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		c. LENGTH OF STAY IN 1b <i>3 days</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>MT. airy - Route 1 X</i>		d. STREET ADDRESS <i>-</i>					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Frederick Memorial Hospital</i>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) <i>Caroline</i>		First	Middle	Last	4. DATE OF DEATH <i>Shows</i>	Month	Day	Year <i>Dec. 9 1956 89^{1/2}</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1867</i>		9. AGE (In years lost birthday) <i>89 yrs.</i>	IF UNDER 1 YEAR Months <i>—</i>	IF UNDER 24 HRS. Hours <i>—</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Mr. — STroop</i>		14. MOTHER'S MAIDEN NAME <i>—</i>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>MRS. James Kingan (Daughter) MT. airy, Md.</i>		Address <i>—</i>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral vascular accident</i>		DUE TO <i>420.0</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Senility</i>		DUE TO <i>—</i>		YEARS <i>—</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Arterio sclerotic heart disease</i>		(c)		1 LYR							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>—</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>Dec. 6 1956 19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>—</i>		20f. (City or town) (County) (State)					
21. I certify that I attended the deceased from <i>Dec. 6 1956</i> to <i>Dec 9 1956</i> , that I last saw the deceased alive on <i>Dec 8 1956</i> , and that death occurred at <i>6 1/2 M.</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>Rex Martin</i>		M.D.		ADDRESS (Street, city or town, state) <i>35 E. Church Frederick Md 12-9-56</i>		DATE SIGNED <i>—</i>					
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>12-12-56</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Cedar Grove Cemetery</i>		22d. LOCATION (City, town, or county) <i>Mt. Jackson - Va.</i> (State)					
23. FUNERAL DIRECTOR'S SIGNATURE <i>C. E. Cline & Son - Frederick Md</i>		VV ADDRESS		24a. REC'D BY REGISTRAR <i>Elizabethe H. H.</i>		24b. REGISTRAR'S SIGNATURE <i>—</i>					
				DATE <i>11 Dec. 1956</i>							

CERTIFICATE OF DEATH

BUREAU V. S.

DEC 12 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12485

12507

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH

a. COUNTY

fredericks

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Rural Harmony Grove

92

c. LENGTH OF STAY IN 1b

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

d. STATE

Md

b. COUNTY

Fredericks

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Rural Harmony Grove

d. NAME OF HOSPITAL (If not in hospital, give street address)

OR INSTITUTION

Frederick Route 1

d. STREET ADDRESS

Frederick Rt #1

e. IS RESIDENCE

ON A FARM?

YES NO 3. NAME OF
DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF
DEATH

Dec 26

1956

5. SEX

6. COLOR OR RACE

Female white

WIDOWED NEVER MARRIED DIVORCED

7. MARRIED

NEVER MARRIED

WIDOWED

DIVORCED

8. DATE OF BIRTH

MAY 30, 1864

9. AGE (In years
lost birthday)

92 yrs.

10. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

Ma

11. BIRTHPLACE (State or foreign country)

U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

Wm D. Warman

14. MOTHER'S MAIDEN NAME

Mary E. Hittiger

Address

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Family Record

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

332 X

DUE TO

Conditions, if any, which
gave rise to immediate
cause (a), stating the under-
lying cause lost.

(b)

DUE TO

(c)

Cerebral Thrombosis

Generalized arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

Days

Years

MEDICAL CERTIFICATION

19. WAS AUTOPSY
PERFORMED?
YES NO 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour a. m. 19 p. m.20d. INJURY OCCURRED
White Nat white
at work at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I attended the deceased from _____, 1964, to _____, 1956, that I last saw the deceased
alive on _____, 1956, and that death occurred at 9:00 AM, from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL
SIGNATUREPHYSICIAN'S
NAME (Type)

M.D. 228 N. Margaret St.

Frederick, Md.

12/27/56

22a. BURIAL, CREMATION,
REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORIUM 22d. LOCATION (City, town, or county)
Burial 12/28/56 Mt. Olivet Frederick, Md. (State)23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Lesterine G. Easton Frederick, Md. DATE 28 Dec. 1956 Elizabeth G. Heck

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. You may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be detached far from the burial permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 24 hours after death.

WISCONSIN STATE GOVERNOR - MILWAUKEE 15

CERTIFICATE OF DEATH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12486
12478 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 131

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the same date, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Maryland		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick, R.F.D. 6		d. STREET ADDRESS		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital				e. IS RESIDENCE ON A FARM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Richard Eugene		First	Middle	Last	4. DATE OF DEATH December 30	Month	Day	Year
5. SEX M		6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH June 15, 1916	9. AGE (In years last birthday) 40 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Providence, R.I.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Albert Tourtellotte		14. MOTHER'S MAIDEN NAME Mary Hurley		Address		Frederick, Md		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 541.1		16. SOCIAL SECURITY NO.		17. INFORMANT Beulah Louise Tourtellotte R.F.D. 6		INTERVAL BETWEEN ONSET AND DEATH 4 days ?		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General peritonitis		DUE TO Perforated Doudenal ulcer		DUE TO 5 days ?				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Perforated Doudenal ulcer		(b) 5 days ?		(c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>								
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. p. m.		Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)	
21. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>								
ACTUAL SIGNATURE <i>B.O. Thomas</i>		DATE SIGNED December 31, 1956						
EXAMINER'S NAME (Type) B.O. Thomas		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>						
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal		22b. DATE THEREOF Jan. 1, 1957	22c. NAME OF CEMETERY OR CREMATORIUM St. Mary's Cemetery		22d. LOCATION (City, town, or county) Avon, Connecticut			(State)
23. FUNERAL DIRECTOR'S SIGNATURE <i>Cecil Cline Jr. W.S.</i>		ADDRESS Frederick, Maryland		24a. REC'D BY REGISTRAR Elizabeth G. Heck		24b. REGISTRAR'S SIGNATURE		
				DATE 31 Dec 1956				

BY PROMOTING THE STATE OF MARYLAND,
THE CANAL COMPANY HAS BEEN A GREAT
BENEFIT TO THE STATE.

BUREAU V.

JAN 3 1957

REGELY ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12487

12508 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Fairfield, Pa.		c. LENGTH OF STAY IN 1b 47 yrs,		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Fairfield, Pa.					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Fairfield, RD.# 1 Pa.		d. STREET ADDRESS Fairfield, Pa. R.D.#1		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) Cora		First	Middle Adela	Last Tressler	4. DATE OF DEATH December 23	Month	Day	Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH Sept, 3, 1872	9. AGE (In years less birthday) 84 yrs.	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Adams County, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME John Linebaugh				14. MOTHER'S MAIDEN NAME Sarah Ann Harshman				Address	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 442 X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. } (b) DUE TO (c) Advanced Age				Cardio renal disease				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from Dec. 16, 1956 , to Dec. 23, 1956 , that I last saw the deceased alive on Dec. 23, 1956 , and that death occurred at 7: A M , from the causes and on the date stated above.									
ACTUAL SIGNATURE Ira M. Henderson		ADDRESS (Street, city or town, state) Fairfield, Penna.		DATE SIGNED 12-23-56					
PHYSICIAN'S NAME (Type) Dr. Ira. M. Henderson									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12/26/1956		22c. NAME OF CEMETERY OR CREMATORIUM St. Jacobs		22d. LOCATION (City, town, or county) Fairfield RD #1 Adams Co. Pa.		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE S. L. Allison		ADDRESS Fairfield, Pa.		24a. REC'D BY REGISTRAR 6-28-1956		24b. REGISTRAR'S SIGNATURE E. Heck			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

01-39007100-124489 00000000000000000000000000000000

BUREAU V. S.

DEC 28 1956

REGELIVÉD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12488

12509

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY FREDERICK		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MD	
b. COR TOWN (If outside corporate limits, write RURAL and give nearest town) ORCHARD HEIGHTS		c. LENGTH OF STAY IN 1b 4 DAYS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION WIND BONA NURSING HOME		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK	
3. NAME OF DECEASED (Type or print) MARY		First R	Middle AVINIA
4. DATE OF DEATH DEC 2 1956	Month DEC	Day 2	Year 1956
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 16 1872
9. AGE (In years last birthday) 84 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	11. KIND OF BUSINESS OR INDUSTRY 	12. BIRTHPLACE (State or foreign country) SOUTH CAROLINA
13. CITIZEN OF WHAT COUNTRY? U.S.A	14. FATHER'S NAME JOSEPH W FLOYD	15. MOTHER'S MAIDEN NAME HARRIET F. PETTIT	16. SOCIAL SECURITY NO.
17. INFORMANT JOSEPH W. URNER	18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Address FREDERICK MD
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO Hypertension (c) DUE TO Arteriosclerosis			
INTERVAL BETWEEN ONSET AND DEATH 2 mo.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. MEDICAL CERTIFICATION 	20b. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 	
20c. TIME OF INJURY Hour a. p.m. p. m. 19	20d. INJURY OCCURRED White <input checked="" type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Nov. 1 , 1956, to Dec. 2 , 1956, that I last saw the deceased alive on Nov. 28 , 1956, and that death occurred at 2:30 A.M. , from the causes and on the date stated above. ACTUAL SIGNATURE A. A. Gourre	ADDRESS (Street, city or town/state) FREDERICK, MD	DATE SIGNED 	
22a. BURIAL, CREMATION, MOV'T (Specify) BURIAL	22b. DATE THEREOF 12/4/56	22c. NAME OF CEMETERY OR CREMATORIAL MT. OLIVET	22d. LOCATION (City, town, or county) (State) FREDERICK MD
23. FUNERAL DIRECTOR'S SIGNATURE Clarence G. Gourre	ADDRESS FREDERICK MD	24a. REC'D BY REGISTRAR DATE 3 DEC 1956	24b. REGISTRAR'S SIGNATURE Elizabeth G. Heis

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relied upon by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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KARINA GURNEE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12479

CERTIFICATE OF DEATH

12489

Reg. Dist. No.

131

1. PLACE OF DEATH o. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b Lifetime	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 122 East Seventh Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) OLIVIA	First M.	Middle WELLER	Last Month Day Year December 7 19 56
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 11, 1857
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Alfred Staley		14. MOTHER'S MAIDEN NAME Susan Shook	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Frank A. Weller - Mount Airy, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.2		INTERVAL BETWEEN ONSET AND DEATH 7 days	
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO			
(c) DUE TO			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Intertrochlear fracture right tib.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ADDRESS (Street, city or town, state) 1218/56 DATE SIGNED	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from _____, 19 ⁵⁶ , to _____, 19 ⁵⁶ , that I last saw the deceased alive on _____, 19 ⁵⁶ , and that death occurred at 5:30 P.M., from the causes and on the date stated above.		ADDRESS (Street, city or town, state) 1218/56 DATE SIGNED	
ACTUAL SIGNATURE H. F. Kline		M.D. Frederick Md.	
PHYSICIAN'S NAME (Type) Dr. H. F. Kline		7 North Market Street - Frederick, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Buried	22b. DATE THEREOF 12/10/56	22c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	22d. LOCATION (City, town, or county) (State) Frederick, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE C. E. Cline & Son		ADDRESS Frederick - Md.	24a. REC'D BY REGISTRAR DATE 11 Dec. 1956
			24b. REGISTRAR'S SIGNATURE Elizabeth G. Heck

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 24 hours after death.

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BUREAU V. S.

DEC 12 1956

REGELV ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12480

CERTIFICATE OF DEATH

12491
131

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 30 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		d. STREET ADDRESS 506 North Bentz Street		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) CHARLES		First	Middle	Last	4. DATE OF DEATH WETZEL	Month	Day	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 4, 1880		9. AGE (In years last birthday) 76 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Day		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Henry Wetzel				14. MOTHER'S MAIDEN NAME Mary Naill				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 214-10-2922		17. INFORMANT Mr. Sterling J. Wetzel - Rt. 5, Frederick, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line, for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 600.0		<i>Arterio venous malformation</i>				INTERVAL BETWEEN ONSET AND DEATH days		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Uremia						Weeks -		
DUE TO (b) Pylonephritis						Yr		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. p. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Frederick, Md.		(County) Md. (State)
21. I certify that I attended the deceased from 12/21/56 , to 12/22/56 , that I last saw the deceased alive on 12/21/56 , and that death occurred at 12:45 AM , from the causes and on the date stated above.								
ACTUAL SIGNATURE James B. Thomas		ADDRESS (Street, city or town, state) Frederick, Md.		DATE SIGNED 12/24/56				
PHYSICIAN'S NAME (Type) C.E. Cline & Son - Frederick - Md.								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Dec. 24, 1956		22c. NAME OF CEMETERY OR CREMATORIUM Linganore Cemetery		22d. LOCATION (City, town, or county) Nr. Unionville (State) Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE C.E. Cline & Son - Frederick - Md.		ADDRESS W.		24a. REC'D BY REGISTRAR DATE 24 Dec 1956		24b. REGISTRAR'S SIGNATURE Elizabeth G. Hecks		

CERTIFICATE OF DEATH

RECEIVED	DECEMBER 27 1956	1956
BUREAU V. S.		
RECEIVED		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12484

CERTIFICATE OF DEATH

Reg. Dist. No.

12491
147

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL Brunswick		c. LENGTH OF STAY IN lb 35		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION II2 West "C"		d. STREET ADDRESS II2 West "C"		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) Walter		First Christ	Middle Wheeler	Last Wheeler	4. DATE OF DEATH 10-17-1887	Month 12	Day 5	Year 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-17-1887		9. AGE (In years last birthday) 69 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer		10b. KIND OF BUSINESS OR INDUSTRY B.&O.R.R.Co		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Anderson Wheeler		14. MOTHER'S MAIDEN NAME Lula C. Painter							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 705-10-0003		17. INFORMANT Mrs. Margaret Wheeler, Brunswick, Md.		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.2		DUE TO Virginia		DUE TO Doctor		INTERVAL BETWEEN ONSET AND DEATH 10/3/56			
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. { (b) (c)		DUE TO							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour o. m. p. m.	Month 19	Day 19	Year 1956	20d. INJURY OCCURRED White <input type="checkbox"/> Nat while at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Frederick	(County) Maryland	(State) Maryland	
21. I certify that I attended the deceased from 13/10/56 , 19 46 , to 12/10/56 , 19 56 , that I last saw the deceased alive on 13/10/56 , 19 56 , and that death occurred at M. , from the causes and on the date stated above. ACTUAL SIGNATURE J.G.F. Smith						ADDRESS (Street, city or town, state) Brunswick, Maryland			
PHYSICIAN'S NAME (Type) J.G.F. Smith						DATE SIGNED 12/10/56			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF 12-10-1956	22c. NAME OF CEMETERY OR CREMATORIAL Mt. Olivet	22d. LOCATION (City, town, or county) Frederick, Maryland		(State)				
23. FUNERAL DIRECTOR'S SIGNATURE B. Lee Zutty		ADDRESS Brunswick, Maryland	24a. REC'D BY REGISTRAR DEC 10 1956		24b. REGISTRAR'S SIGNATURE Eugenia Burkey				

BUREAU V. S.

DEC 10 1956

REGELIV ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12492

Reg. Dist. No.

12481

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 482 Chatham St.		b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 1d		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lynn, Massachusetts		d. STREET ADDRESS Chatham St.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Kenneth	Middle D.	Last Wilson	4. DATE OF DEATH	Month Dec.	Day 9,	Year 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 9/18/22	9. AGE (In years from day) 35 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Clark & Cook		11. BIRTHPLACE (State or foreign country) Massachusetts		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Walter Wilson				14. MOTHER'S MAIDEN NAME Elsie Campbell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 2 W.War		17. INFORMANT Mrs. Florence A. Wilson, Lynn, Mass		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema DUE TO Atelectasis; fractured sternum; cerebral concussion INTERVAL BETWEEN ONSET AND DEATH 5 hrs. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. b. c.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Car ran into back of tractor-trailer					
20c. TIME OF INJURY Month, Day, Year Hour 2:50 o. m. p. m. 12/7/56		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route #40		20f. (City or town) Carrollton (State) nr. Ridgeville, Md.	
21. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <i>Bernard O. Thomas</i>	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>						DATE SIGNED 12/10/56
EXAMINER'S NAME (Type) Bernard O. Thomas, M.D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Shipment	22b. DATE THEREOF 12/10/56		22c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Funeral Home, Fred, Md.		22d. LOCATION (City, town, or county) Lynn, Mass (State)		
23. FUNERAL DIRECTOR'S SIGNATURE <i>Dailey's Funeral</i>	ADDRESS		24a. REC'D BY REGISTRAR DATE 10 Dec 1956		24b. REGISTRAR'S SIGNATURE <i>Elizabeth G. Heck</i>		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending", in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

BY 250MILE-ROAD TO SPANISH STATE BOUNDARY
HTAG TO STATION 2384MKS 2A10E8.

BUREAU V. 2

DEC 11 1956

REGELY ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12493

12482

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Fredrick		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Fredrick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fredrick		c. LENGTH OF STAY IN lb 17 Years.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fredrick			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 500 E. Patrick St.		d. STREET ADDRESS 500 E. Patrick St.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Amelia		First Catherine	Middle Wolff	Last Dec.	DATE OF DEATH Dec.	Month 21	Day Year 1956
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH OCT. 10, 1867	9. AGE (In years lost birthday) 89 yrs.	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 0	Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Hanover PENNA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Elisha Blocker.		14. MOTHER'S MAIDEN NAME Catherine Forney				Address 500 E. Patrick St.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None.		17. INFORMANT Mr. Edsel Yell		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO (c)	
						INTERVAL BETWEEN ONSET AND DEATH 10915.	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
				20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Frederick (County) Md. (State) Md.	
21. I certify that I attended the deceased from _____, 19 36 , to Dec. 16, 1956 , that I last saw the deceased alive on Dec 16, 1956 , and that death occurred at 3:30 AM , from the causes and on the date stated above. H. F. Kline ACTUAL SIGNATURE		M.D.		ADDRESS (Street, city or town, State) 7 N. Market St., Frederick, Md.		DATE SIGNED Dec 16, 1956	
PHYSICIAN'S NAME (Type) H. F. Kline, M. D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 24 Dec 1956		22c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery		22d. LOCATION (City, town, or county) Hanover, York Co. PENNA. (State)	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS		24a. REC'D BY REGISTRAR Elizabeth G. Heek		24b. REGISTRAR'S SIGNATURE Elizabeth G. Heek	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be referred to by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WARRIORING STATE GOVERNMENT OF DEATH

CERTIFICATE OF DEATH

105

RECEIVED

BUREAU V. S

DEC 31 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12510

CERTIFICATE OF DEATH

12494

Reg. Dist. No. 13

1. PLACE OF DEATH a. COUNTY <i>Frederick</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MD</i>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>RURAL (Harmonville)</i>		c. LENGTH OF STAY IN 1b <i>88 yrs</i>				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>FREDERICK Route 1</i>		e. STREET ADDRESS <i>FREDERICK Route 1</i>				
3. NAME OF DECEASED (Type or print) <i>MARY Willette WORMAN</i>		First	Middle			
		Last				
4. DATE OF DEATH <i>DEC 19 1956</i>		Month	Day Year			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			
8. DATE OF BIRTH <i>JULY 29 1868</i>		9. AGE (In years last birthday) <i>88 yrs.</i>	10. IF UNDER 1 YEAR Months Days Hours Min. <i>0 0 0 0</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEKEEPER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>	11. BIRTHPLACE (State or foreign country) <i>MD</i>			
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13. FATHER'S NAME <i>MARY D WORMAN</i>				
14. MOTHER'S MAIDEN NAME <i>MARY E. GITTINGER</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>				
16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>Family Record Route #1</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>331X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		19. INTERVAL BETWEEN ONSET AND DEATH <i>Days Weeks</i>				
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <i>19</i>		20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>None</i>	20f. (City or town) <i>None</i>	(County) <i>None</i>	(State) <i>None</i>
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ A.M., from the causes and on the date stated above. ACTUAL SIGNATURE <i>James B. Thomas, M.D.</i>						
PHYSICIAN'S NAME (Type)						
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		22b. DATE THEREOF <i>12/21/56</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>MT. OLIVET</i>		22d. LOCATION (City, town, or county) <i>FREDERICK MD</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>4th Lawrence B. Fadell, M.D.</i>		ADDRESS <i>4th Lawrence B. Fadell, M.D.</i>		24a. REC'D BY REGISTRAR DATE 19 Dec 1956	24b. REGISTRAR'S SIGNATURE <i>Elizabeth S. Heeb</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relied on by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

9961 70 03

REGELY ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12511

CERTIFICATE OF DEATH

Reg. Dist. No. 139

12495

1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cullen		c. LENGTH OF STAY IN lb 7 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Big Pool		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Victor Cullen State Hospital		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Nellie	Middle Zimmerman	4. DATE OF DEATH December 23 1956	Month December	Day 23	Year 1956
S. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 19, 1909	9. AGE (In years lost birthday) 47 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13. FATHER'S NAME Charles Kaylor	14. MOTHER'S MAIDEN NAME Zeta Murray		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 220-16-3598	17. INFORMANT Mrs. Betty Decker, Daughter, Big Pool, Md.	Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Tuberculosis DUE TO 002X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 8 yrs.
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Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour o. m. p. m.	Month 19	Day	Year	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)

21. I certify that I attended the deceased from **December 16, 1956**, to **December 23, 1956**, that I last saw the deceased alive on **December 23, 1956**, and that death occurred at **8:45 P.M.** from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL
SIGNATURE *Charles Kaylor* M.D. **Cullen, Maryland** December 23, 1956

22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 12-27-56	22c. NAME OF CEMETERY OR CREMATORIUM Shanktown Cem.	22d. LOCATION (City, town, or county) Near-Big Pool, Md.
23. FUNERAL DIRECTOR'S SIGNATURE <i>John J. Clark Clear Spring, Md.</i>	ADDRESS	24a. REC'D BY REGISTRAR DATE 12/23/56	24b. REGISTRAR'S SIGNATURE <i>I. B. Lyon</i>

WYOMING STATE DEPARTMENT OF HEALTH - SALINOWE, 18

CERTIFICATE OF DEATH

BUREAU V. S.

DEC 31 1956

RECEIVED